

AO435 (Rev. 1/90)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER					
Read Instructions on Back.					
1. NAME Marivic P. David, AUSA		2. PHONE NUMBER 479-4120		3. DATE November 4, 2005	
4. MAILING ADDRESS 108 Hernan Cortez Ave., Ste. 500		5. CITY Hagatna		6. STATE Guam	
8. CASE NUMBER Cr. 98-00310-2		9. JUDICIAL OFFICIAL CBM		7. ZIP CODE 96910	
12. CASE NAME U.S. v. Rex S. Alado		DATES OF PROCEEDINGS			
		10. FROM 8/10/2005		11. TO 8/11/2005	
		LOCATION OF PROCEEDINGS			
		13. CITY Hagatna		14. STATE Guam	
15. ORDER FOR					
<input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY					
<input checked="" type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				Change of Plea	
<input type="checkbox"/> OPINION OF COURT				8/10 - 8/11/2005	
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	DISTRICT COURT OF GUAM COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		NOV - 4 2005
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		MARY L.M. MORAN
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		CLERK OF COURT
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	
18. SIGNATURE				PROCESSED BY	
19. DATE November 4, 2005				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	